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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						AFFIDAVIT	08/817595	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						61	
2	-						62	
3							63	
4	181						64	
5							65	
6	181						66	
7	181						67	
8	/						68	
9	X	L					69	
10	-						70	
11	-						71	
12	/						72	
13	280						73	
14							74	
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36							96	
37							97	
38							98	
39							99	
40							100	
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47								
48								
49								
50								
TOTAL IND.	3	J	3	J	J			
TOTAL DEP.	9	J	14	J	J	J		
TOTAL CLAIMS	12	J	7					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE
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